

UNIT PRE-EXECUTION CHECKLIST

(FOR USE OF THIS FORM SEE TRADOC REG 350-18; PROPONENT IS TRADOC G-3/5/7, TOMA)

Fillable form; may be printed and signed manually

1. NAME:

2. UNIT:

3. COURSE TITLE:

4. REPORT DATE:

Supervisor's
Initials

Soldier's
Initials

PART I - UNIT PRE-EXECUTION (Day-90 to Day-1)

Coordination between unit and school to identify the Soldier by name and reservation status?

Soldier in receipt of read ahead packet, school/course information, and Graduation requirements?

Soldier completed prerequisite course / testing? (DA Form 1059 or other completion document)

All required clothing/equipment in accordance with school/course information packet?

Soldier meets physical readiness standards of AR 350-1? (APFT within 60 days)

Soldier meets height/weight and body composition standards of AR 600-9?

Soldier has Government Travel Card or adequate cash/traveler checks?

Individual orders received (10 copies)?

Soldier has current periodic health assessment?

Soldier meets remaining Time in Service requirements?

Ten (10) copies of orders?

Transportation verified/DTS approved?

Soldier has current/valid identification card?

Soldier has ID tags (1 pair)?

Unit POC List:

CDR Office:

Other:

1SG: Office:

Other:

FTM: Office

Other:

Unit FAX:

1SG Email:

CSM Email

PART II - ROUTINE PREREQUISITES

TASK	REGULATION DATA					SOLDIER DATA						
	CL	CO	EL	FA	GM	CL	CO	EL	FA	GM		
Minimum Aptitude Score (if applicable)												
	GT	MM	OF	SC	ST	GT	MM	OF	SC	ST		
Color vision requirements (if applicable)												
Physical demand rating/profile (PULHES) *See Part III for PIT profiles	P	U	L	H	E	S	P	U	L	H	E	S

Military and civilian vehicle operator license(s) (if applicable):

Military license number:

Expiration date:

Civilian license number:

Expiration date:

State:

PART III - REQUIRED DOCUMENTS

Security clearance (if applicable, attach as required)

*Permanent profile attendees (if applicable): Must have signed copy of completed DA Form 3349 (must include Army doctor-approved alternate aerobic event for APFT).

All required waivers (if applicable)

Other requirements (if applicable)

OTHER REQUIREMENTS OF DA PAM 611-21 not previously listed:

Other requirements (if applicable)

Other requirements (if applicable)

Other requirements (if applicable)

Other requirements (if applicable)

I have been counseled and have read all requirements applicable to the course I'm selected to attend. Attendance at this course and class will not pose any known hardship on me and/or my family that would detract from or prevent my successful completion of course requirements.

Student's Signature:

I have reviewed the above Soldier's qualifications and potential to successfully complete this course, counseled them on these requirements, and hereby verify their readiness to attend.

Commanding Officer
(typed name):

Date:

Signature:

Department of the Army
United States Army NCO Academy
Fort Campbell KY, 42223

ATZT-JK

Date:

NCOPDS ENDORSEMENT WORK SHEET

FOR Commandant, United States Army NCO Academy Fort Campbell KY

ATTN: Basic Leader Course

PART I

Rank/Name: _____ POC: _____

(Rank, Last, First, MI)

(Name and contact #)

UNIT: _____ MOS: _____ Promotion status _____ PTS: _____ Date of Rank: _____
(Promotable Y/N)

School Code: 685 Class #: _____ Report Date: _____

Course: **BLC**

a. Soldier meets height/ weight requirements IAW AR 600-9: _____ HT: _____ WT: _____ AGE: _____

b. Current APFT date: _____ Score: _____ Soldier INT: _____ Supervisor INT: _____
For permanent profiles submit DA Form 3349. Temporary profiles may not attend until profile has expired IAW AR 350-1.

c. Has Soldier previously been eliminated from this course for other than academic reasons? **YES / NO.**
If yes, attach copy of DA Form 1059.

"If age 40 or over, Soldier has completed a cardio vascular screening as part of their PHA within the last five years".

Part II

a. Soldier meets prerequisites outlined in AR 350-1 and TR Form 350-18-R-E is attached. **1SG initials:**

b. Military Email Address required for all applications: _____mil@mail.mil

Part III

Signing this document acknowledges that the students packing list has been inventoried by the unit and the student has all items.

Lunch Appointments can be made at (270) 412-4898.

BLC SUSPENCE- NLT 21 days prior to report date. This is the ATTRS lock in date deadline. If endorsements are not received by this date, Soldier may not be able to attend this class as requested.

Soldier's Name and Signature Phone Number

Sponsor's Name and Signature Phone Number



1SG's Name and Signature Phone Number

The **EMERGENCY** phone number in the area above is for the Student in case a situation occurs and the Chain of Command can not be contacted after hours.

EG: Supervisors, First Sergeant, Commander's cell phone number any number you would want us to contact in an emergency situation.

*****Signatures above state that all information contained herein is correct and up to date as of date of application*****

This document will be part of the PEC sheet requirement for turn-in.